Before the Independent Hearings Panel
Kāpiti Coast District Council

under: the Resource Management Act 1991

in the matter of: Submissions and further submissions in relation to Proposed Plan Change 2 to the Kāpiti Coast District Plan

and: **Retirement Villages Association of New Zealand Incorporated**

Submitter 196

and: **Ryman Healthcare Limited**

Submitter 197

Statement of evidence of **Ngaire Margaret Kerse** on behalf of the Retirement Villages Association of New Zealand Incorporated and Ryman Healthcare Limited

Dated: 10 March 2023

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STATEMENT OF EVIDENCE OF NGAIRE MARGARETKERSE MNZM ON BEHALF OF THE RETIREMENT VILLAGES ASSOCIATION OF NEW ZEALAND INC

INTRODUCTION

1 My full name is Professor Ngaire Margaret Kerse (MNZM).

2 I am a medical doctor (Otago 1984), specialist in general practice (Australia 1998, New Zealand 2000), PhD 1998 Melbourne University in Medicine (Health Promotion for Older People). Over three decades I have built a research team and successfully completed over 100 projects in clinical gerontology. Topics include falls, injury, well-being, disability, enablement, health, and environment related to older people. I have undertaken these projects at Melbourne University and the University of Auckland with substantial funding support from the National Medical and Health Research Council of Australia, the Health Research Council of New Zealand, the Ministry of Health New Zealand, the Accident Compensation Corporation, the Auckland Medical Research Foundation, the Heart Foundation, the National Science Challenge – Ageing Well (MBIE, New Zealand) and the University of Auckland. I have supervised 20 PhD students in gerontological projects and 15 masters students. I am Professor of General Practice and Primary Health Care.

3 My clinical practice includes primary care of older people, aged residential care (*ARC*), and retirement village medical care delivery. Recently I:

3.1 was recognised for services to Health and Seniors with a Member of the New Zealand Order of Merit,

3.2 appointed to the inaugural Joyce Cook Chair in Ageing Well at the University of Auckland; and

3.3 co-lead a university major initiative - Centre in Co-Created Ageing Research.

CODE OF CONDUCT

4 Although these proceedings are not before the Environment Court, I have read the Code of Conduct for Expert Witnesses in the Environment Court Practice Note (2014), and I agree to comply with it as if these proceedings were before the Court. My qualifications as an expert are set out above. This evidence is within my area of expertise, except where I state that I am relying upon the specified evidence of another person. I have not omitted to consider material facts known to me that might alter or detract from the opinions expressed.

SCOPE OF EVIDENCE

5 My evidence addresses the following topics:

5.1 Demography of the ageing population;

5.2 The physical and mental health of older people;

5.3 Social connections, ageing and wellbeing;

5.4 Older people and society; and

5.5 Addressing functional and cognitive impairment.

SUMMARY OF EVIDENCE

6 The proportion of people over the age of 65 in Aotearoa New Zealand is expected to double in the next 25 years. Those over 85 are the fastest growing age group and will increase in number by more than 450 percent. Māori, Asian and Pacific people aged over 65 will more than triple in number.

7 The Kāpiti Coast district (*Kāpiti District*) houses a high number of retired people. Those aged 65+ will increase from 14,200 in 2018, to 17,400 in 2028, and to 21,100 by 2048. Of these it is expected that about a third will require disability support, and at least half age friendly housing. This makes the Kāpiti District a retirement area.

8 The vision of New Zealand Government strategies is that older New Zealanders lead lives that are valued, connected, and fulfilling; that they live well, age well and have a respectful end of life in age-friendly communities. These strategies speak to the concept of 'ageing in place' – an increasingly common policy goal that aims to support people to live in their own home or community for as long as possible.

9 Accommodating this older demographic needs to consider health and social needs, as well as bed availability. Common health issues among older people include:

9.1 Visual and hearing difficulties;

9.2 Mobility problems;

9.3 Multiple chronic conditions and resultant risk of falls and injury from falls;

9.4 Low physical activity;

9.5 Social isolation and loneliness; and

9.6 Cognitive impairment and dementia.

10 The negative impact of health and social needs is reduced by age-friendly housing such as is provided in retirement villages. However, current bed availability in Assisted Residential Care (*ARC*) and retirement villages will not meet the projected need.

11 Older people are active decision-makers, and many choose retirement village living. Of those deciding to move to a retirement village, reasons vary, and most are satisfied with their move.

12 Siting villages where older people feel 'at home', safe and productive, and can maintain their existing family and social networks is necessary.

13 Overall, population ageing and an increase in longevity means a substantial increase in people reaching retirement age in the future. Conditions normally associated with ageing are affecting people later in their lives and contribute to their needs through a longer retirement phase. But people are also continuing to lead productive lives that include paid and unpaid work and contributions to their communities.

14 Ageing research shows that many older people want to stay active and remain living in the neighbourhoods where they have built friendships and social support, utilise services and are familiar with and enjoy the physical offerings.

15 In my view, it is imperative that national and local agencies promote, support, and facilitate healthy ageing policies to enable these needs to be met. Retirement villages provide a feasible and ongoing solution for those who are able to choose them. In addition, the care homes they contain are essential to maintaining an efficient health system, and need to be in an accessible location for communities to support those with disabilities. I encourage easing barriers to the expansion of retirement villages and allowing flexibility in where they are placed and the opportunities they offer.

DEMOGRAPHY OF THE AGEING POPULATION

Rapidly growing ageing population

16 Currently 13% of our Aotearoa New Zealand population is aged 65+ years; around 780,000 people. This proportion will increase to 25% by 2060; over 1.5 million people. The ageing demographic will see the number of people aged 85+ in Aotearoa increase from 83,000 in 2016, to 383,000 by 2053[1], the fastest increase in number and population proportion of all age groups. This is due both to increased longevity and a reduction in birth rate, meaning the population pyramid is becoming increasingly top heavy.

17 In the Kāpiti District, those aged 65+ are overrepresented, making up 25.7% in 2018 (14,200 people) and projected to make up 27%

[1] Stats NZ Population Projections.

of the population in 2023 (15,600) to 35% of the population in 2048 (21,700). This represents a disproportionate number of older age people and suggests the Kāpiti District is a retirement area.

18 The make-up of the older population is changing. Within the 65+ population the balance is shifting to larger numbers and proportions of people in advanced age groups. The ethnicity of the population of older people is also diversifying. The increase in the proportion of Māori, Asian and Pacific people living to older age will more than triple in the same time the 'pakeha' group doubles.[2]

19 In the same time periods in the Kāpiti District, numbers of Māori aged 65+ will increase from 660 (2018, 8% of all Māori in the region, 5% of older people) to 1700 (2043, 14% of all Māori in the region, 7.5% of all older people in the region).[3]

20 Living patterns of diverse groups differ as do their preferences for housing and caring for older family members.

21 Reduced immigration due to the COVID-19 pandemic will impact population projections to an extent. However, Aotearoa has not experienced the excess mortality in older age groups to the same extent as European nations, thus longevity continues to rise. [4]

22 The older population is an important economic and social contributor to sustaining societies. Older people in Aotearoa currently contribute over $50 billion to consumer spending, $25 billion in unpaid care and voluntary work, and $13 billion in taxes (incl. GST).[5] Up to 25% of the 65+ age group maintain paid work roles and up to 15% of those aged 85 years and over work or volunteer their time.

Projections – life and health expectancy

23 Both life and health expectancy (years of life in good health) have increased over the last 25 years, however life expectancy has increased faster. Over the last quarter century to 2013, men gained 6.12 years of life with 20% of that spent in poor health. Of the 4.45 years that females gained in life expectancy, they spent 26% in poor health.[6]

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2 Stats NZ Population Projections.

3 Ibid.

4 https://blogs.otago.ac.nz/pubhealthexpert/mortality-declines-in-aotearoa-nz-during-the-first-two-years-of-the-covid-19-pandemic/.

5 Office for Seniors, Better Later Life He Oranga Kaumātua 2019 to 2034: A strategy for making the future better for New Zealanders as we age. 2019: Wellington, NZ; Minister of Health, Healthy Ageing Strategy. 2016: Wellington NZ.

6 Ministry of Health. 2016. Health Loss in New Zealand 1990–2013: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study. Wellington: Ministry of Health.

24 As the population continues to 'age' living life well is the priority. Life expectancy at birth (as of 2019) has reached 80.0 and 83.5 for New Zealand men and women respectively.[7] Morbidity (ill health) is expanding with increasing complexity and multi-morbidity (several health conditions at once). Expenditure on health and disability support for people aged 85+ in New Zealand is the highest for any age.[8]

25 As the demographic shift continues, it is crucial, in my opinion, to continue to adapt and expand social and health activities and services to provide for this growing need. Key areas of focus should include adapting medical health facilities, social care, housing, transport, local government services and planning, and pension support.

26 For the purposes of the present process, I consider it particularly important to provide for and enable purpose-built accommodation choices that are suitable for the ageing population. This is because providing stable and supportive environments designed for higher care needs will have a significant beneficial impact on people's ability to maintain their wellbeing and ability to live independently. Retirement villages provide age friendly purpose-built accommodation.

27 It is my view that in the Kāpiti District, the overrepresentation of older people makes age friendly housing a more pressing issue than other areas.

Changing patterns of living

28 Over the last decade, successive cohorts reaching the age of 65 are less likely to be homeowners. Over 80% of Māori and 78% of pakeha octogenarians in 2010 were homeowners in one New Zealand cohort study.[9] This proportion is projected to reduce to as low as 65% for more recent cohorts.[10]

29 Local authorities are also changing the way they provide or administer social housing for older people, reducing their involvement or shifting management to other companies.[11] While there are some companies offering purpose-built housing for older people, it is generally accepted that there is a critical shortage of

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7 Stats New Zealand https://www.stats.govt.New Zealand/news/growth-in-life-expectancy-slows/.

5 Ministry of Health. Health of older people strategy: health sector action to 2010 to support positive ageing. Wellington: Ministry of Health;2002.

9 Kerse, N., et al., Cohort Profile: Te Puawaitanga o Nga Tapuwae Kia Ora Tonu, Life and Living in Advanced Age: a Cohort Study in New Zealand (LiLACS NEW ZEALAND). International Journal of Epidemiology, 2015. 44(6): p. 1823-32.

10 Saville-Smith. Building for Shared Rental Homes by Non-profit Community Housing Providers Maximising yield, reducing risks and effectively using land for older people's rental housing. Building Better Homes Towns and Cities, 2019.

11 Ibid. p 3.

housing for seniors[12] and perhaps by 2053 almost half of those aged 65+ will be renting.

30 Government and NGO supported social housing, offering rental accommodation, caters for older people who do not have a home or economic wealth to join the private rental market. Pressures on social housing mean it is often not accessible. Social housing is distinct from retirement village accommodation but in some cases, retirement village and rental units are sited together. Enliven, the Masonic Trust and the Selwyn Foundation offer both rental and retirement village accommodation. Some established retirement villages are also beginning to offer rental accommodation, for example, private operators Stevenson Village and Amana Living. Social housing stock catering for older residents sited in retirement villages is appropriately designed for older people.

31 I also note that many older women live alone (50% of women aged 75+ in 2016[13]; 65% of women aged 85 in 2010[14]). Yet the availability of suitable community-based accommodation for singles (and for couples) is limited nationwide, particularly in some regions of the country.

32 One-person households are estimated in the Kāpiti District at 6,600 in 2018 and to increase modestly to 7,400 by 2043.[15] It is unlikely that the available housing options will cater sufficiently to one and two person home requirements.

Current percentage in retirement village accommodation and Aged Residential Care

33 Retirement village living is arguably one of the largest social revolutions in Aotearoa. The last three decades have seen the proportion of those aged 75+ living in retirement villages increase from <5% to close to 15% (about 37,489 units housing 49,000 residents New Zealand-wide).[16]

34 Over 40,000 people live in ARC, with just under half of the ARC facilities being part of a major group of care homes.[17] Although the

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[12] Senior housing crisis on the horizon. Stuff, Aug 2021.

[13] Statistics New Zealand (2016). Two's a crowd: Living alone in New Zealand. Retrieved from www.stats.govt. New Zealand.

[14] Kerse, N., et al., Health, Independence and Caregiving in Advanced Age: Findings from LiLACS New Zealand. 2018, the University of Auckland: Auckland, New Zealand.

[15] Stats NZ population projections accessed 9.3.2023.

[16] Retirement villages in New Zealand; All you need to know factsheet. Retirement Villages Association file:///C:/Users/nker004/Documents/Working/CentreAgeingWell/RV/RVA/All%20you%20need%20to%20know_Factsheet%2010-22.pdf. Accessed 2022.

[17] ARC Industry Profile 2021-22, Aged Care Association; BERL, Wellington, 2022.

industry profile reports on about 71% of beds, smaller providers may be underrepresented.

35 Sixty-five percent of retirement villages contain ARC facilities providing 19,300 care beds.[18] Another 11% of villages are planning care options in the future. Nearly all new villages include aged-care facilities.

36 I agree with the evidence of Dr Mitchell, Ms Owens and Mr Brown that retirement villages are places of residence. The care facilities are long term residential, in stark contrast to acute hospital facilities which have a very high turnover. ARC facilities cater to those with low level dependency, rest home clients, and high-level dependency clients who require 24 hour nursing care or hospital level care. Clients live there usually for the rest of their lives. The care facility in the retirement village is their home and there is an emphasis in those delivering care to make it homelike and preserve the autonomy of the residents.

37 Therefore, all older persons in retirement villages are living at home, and retirement villages provide residences and aged residential care.

38 Both the Ernst and Young ARC report[19], recent profile of ARC 2021-22, and the RV report note strong growth in the population aged 75+, with regional variation. Regional New Zealand lacks availability of care beds, particularly standard beds (those that do not attract a 'premium' payment). The care beds provided within the retirement village sector, currently 30% of all ARC beds, will be an increasingly important potential area for growth because these are the only ARC beds being built.

39 A regional perspective is critical to urgently correct the undersupply of both accommodation and care beds for New Zealand's older people. The over representation of older people in the Kāpiti District make the need for care facility beds urgent and retirement villages are a crucial provider of care beds.

40 As I identify in this evidence, the changing population pattern and accommodation requirements brings opportunities and challenges to local government planning, as well as health and health care services, housing provision, employment and our society's attitudes and actions.

41 In the following sections, I address:

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[18] New Zealand Retirement Villages and Aged Care report, JLL, Wellington, July 2022.

[19] Ernst&Young. ARC Funding Model Review. Ernst&Young, New Zealand 2019.

41.1 Health and social factors that lead to disability and lower quality of life and contribute to a need for specialist accommodation for older people;

41.2 Some key features of neighbourhoods and housing that collectively contribute to positive wellbeing and independence;

41.3 How I consider retirement villages use those features in their design.

THE PHYSICAL AND MENTAL HEALTH OF OLDER PEOPLE

42 Independence is valued by older people, and common health issues interfere with the activities that are necessary for independence. When there is a good 'fit' between an older adult's level of function and the environment they inhabit, a higher level of independence can be experienced.[20] Accessible housing and age-friendly built environments maintain wellbeing and enable older people with disabilities to live independently for longer.

Functional impairments

43 In gerontology, we refer to people's 'activities of daily living' (ADLs) as their function inside the house. This functioning includes basic tasks such as the ability to bathe, dress, move around the house and use the toilet. Instrumental ADLs (IADLs) are broader activities which are particularly focused on factors which support independence in the community. IADLs include preparing meals, housekeeping, shopping, managing one's own finances, travelling, and using the telephone for communication.

44 There are a range of health factors which impact on ADLs and IADLs. In particular, many older people are affected by sensory impairment, physical disability, and chronic health conditions.

45 Of the five senses, poor vision and hearing may have the greatest impact on the quality of life of older people through their effects on physical function and the ability to perform ADLs. Vision impairment reduces function for 25% of people over the age of 80[21], meaning they have difficulty seeing, or cannot see, ordinary newsprint, and/or faces across a room. Hearing impairment, for up to 22% of those aged 70+[22], and 28% of those who completed an International Resident Assessment Instrument (interRAI)

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[20] World Health Organization (2015). World report on ageing and health. Retrieved Nov 2022, from https://apps.who.int/iris/handle/10665/186463.

[21] Teh, R., et al., *Self-rated health, health related behaviours and medical c*onditions of Māori and non-Māori in advanced age: LiLACS New Zealand. N Z Med J, 2014. 127(1397): p. 13-29.

[22] Gordon C, Hearing loss & social isolation – the silent burden, Public Health Expert: https://blogs.otago.ac.New Zealand/pubhealthexpert/hearing-loss-social-isolation-the-silent-burden/.

assessment for support services[23], impacts social interaction, constrains quality of life and is a risk factor for the development of dementia.

46 Dual sensory impairment is more debilitating than hearing or vision alone. Age friendly design enables ongoing independent function by accommodating both sensory and physical disability.

47 People over the age of 65 make up more than one third of the total proportion of New Zealanders who have physical disabilities. Nearly half of people over 65 years have a mobility impairment[24], including difficulty with one or more of the following:

47.1 walking about 350 metres without resting;

47.2 walking up or down a flight of stairs;

47.3 carrying an object as heavy as five kilograms over a distance;

47.4 moving from room to room within the home;

47.5 standing for a period of 20 minutes;

47.6 bending down without support; and

47.7 getting in and out of bed independently.

48 Chronic diseases increase with age and contribute to functional impairment. Cardiovascular disease, particularly heart failure, threatens independence through shortness of breath. Stroke is the leading cause of long-term disability.

Cognitive impairment and dementia

49 Dementia is an umbrella term used to describe a group of symptoms that affect how well our brains work (cognitive impairment). Almost 70,000 New Zealanders are living with dementia today[25] but this is expected to increase to almost 170,000 Kiwis by 2050. Numbers for Māori, Pasifika and Asian populations are increasing at a faster rate than for European New Zealanders.[26]

50 Dementia causes forgetfulness, loss of concentration and motivation and confusion over places and people's names. People with

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[23] Mentsel, C et al Analysing Realistic effects of modifiable risk factors for dementia in a large National Dataset, Arch Gerontol & Geriatr 2023; 103852.

[24] 2013 Household Disability Survey.

[25] Alzheimer's New Zealand, 2021.

[26] Dementia Economic Impact report 2020. The total cost of dementia to Aotearoa is now around $2.5b ($1.2b in residential care) and will reach around $5.9b by 2050.

dementia may suffer stigmatisations, lack of confidence and, as a result, reduce their social and physical activity. Dementia may also be co-morbid with other health and sensory conditions and may make living with other conditions more of a struggle.

51 People with dementia want to live lives as full, active, and meaningful as anyone else. New Zealand cities, most notably Rotorua and Christchurch,[27] utilise a World Health Organisation Dementia-Friendly Communities (*DFC*) framework. The framework proposes ways to minimise the progression of dementia and supports and enables inclusion, empowerment, and safety for people in the community living with dementia. Successful DFC exhibit wide public awareness and understanding of dementia.

52 Mental, physical, and social stimulation are important for people with dementia, arguably more so than for other people as they can provide additional compensation for losses that have already occurred. In particular, mentally stimulating activities are known to reduce both the risk of developing dementia and the impact of living with dementia.[28]

Physical inactivity

53 Physical inactivity poses one of the biggest modern threats to public health. It is a risk factor for cognitive decline and is an independent risk factor for numerous chronic diseases. Health conditions associated with inactivity account for 6-9% of deaths worldwide, or three to five million mortalities every year.[29]

54 More than 50% of older adults in New Zealand are inactive.[30] Resultant age and inactivity-related weakness and loss of strength and balance is common.

55 Older age also disadvantages people recovering from illness. Hospital stays are longer, and rehabilitation is longer. A large Yale study found that those who were more physically active going into hospital were more resilient to functional decline after hospitalisation.

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[27] Developing a Dementia-Friendly Christchurch: Perspectives of People with Dementia, Karen Smith.

[28] Zawaly, K., et al., Exploring Cognitively Loaded Physical Activity Compared With Control to Improve Global Cognitive Function in Older Community-Dwelling Adults With Mild Cognitive Impairment: Systematic Review With Meta-Analysis. Am J Lifestyle Med, 2019; Holden E et. Al. Cognitive stimulation therapy for dementia: Provision in National Health Service settings in England, Scotland and Wales Dementia 2021; 20 (5): 1553-1564.

[29] WELL Building Standards 2014, 2016.

[30] Physical activity is defined as "doing at least 30 minutes of brisk walking or moderate-intensity physical activity (or equivalent vigorous activity), for at least 10 minutes at a time, at least five days a week". New Zealand Health Survey 2017-20.

56 When mobility decreases and health conditions increase falls are more common; 30% of those aged 64+ will fall in any year and up to 60% of people aged 85+.

57 People over the age of 85 are 15 times more likely than 65-year-olds to fracture their hip in a fall. In 2021, the New Zealand Accident Compensation Corporation (*ACC*) spent $994,835 on new injury claims related to the home environment. People over 60 years consistently have the most injuries at home and the most fall-related ACC claims and people over 85 have high rates of fall related injury and subsequent disability related to falls.

58 ACC actively targets falls prevention resources to people over 65 years. For example, focussing on exercise to improve balance and leg strength as a falls-prevention strategy,[31] the Live Stronger for Longer programme was launched in 2016 as a joint initiative by ACC, the Health Quality and Safety Commission, Ministry of Health, local community health providers, home carers, and community groups across the country.

59 Physical and mental health conditions and, as a consequence of functional limitations, inactivity and falls, often require additional support services to aid recovery or to provide ongoing home support. Some people require ARC placement; of people over 85 years who suffer a fall, 30 percent are likely to move to ARC as a result.

60 Increasing and maintaining adequate amounts of physical activity in older age aids improves mobility, prevents falls, and maintains independence.

SOCIAL CONNECTIONS, AGEING AND WELLBEING

61 Older people are more likely to experience the loss of loved ones and friends and develop functional problems that can make social connections more difficult. Psychological consequences include loneliness.

Social connections and loneliness

62 There are several ways that social contact, connections, and support can benefit older people:

62.1 The physical support associated with people 'doing things for' older people – the availability of practical support, both formal (paid) and informal (unpaid) - is associated with ongoing independence. Daughters are the most common providers of informal support.

[31] Gillespie, L.D., et al., Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews, 2012(11).

62.2 The emotional support - moral and psychological - from a 'confidante' appears to be as important to well-being as practical support and also impacts independence. Close friends may be as important as family in providing emotional support.

62.3 Attending social occasions and events increases levels of physical activity.

63 A low level of social activity is a risk factor for cognitive decline.

64 Loneliness for an individual can be defined as arising from a perceived gap between the desired and actual state of social relationships.[32] Older adults are particularly prone to loneliness as they are retired; suffer personal loss of a spouse, family, and friends; and experience reduced functional status.[33] Social exclusion may also be at play.[34]

65 Loneliness has objective negative impacts on health with greater morbidity and mortality risk[35] and a strong influence on subjective wellbeing and good quality of life.[36] Both carry costs to society and the health system.

66 Common ways to assist social interaction and alleviate loneliness include – invitations to events, opportunities for physical activity, involvement, travel assistance to facilitate attendance at activities, patience, and encouragement. Intergenerational activities alleviate loneliness and can reduce ageist attitudes among young people. Successful examples include retirement village programmes of school visits and gardening activities.[37]

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[32] Perlman, D., & Peplau, L. A. (1981). Toward a social psychology of loneliness. In S. Duck, & R. Gilmour. (Eds). Personal relationships in disorder, (pp. 31–56). London, Academic Press.

[33] Cohen-Mansfield, J. et.al (2016). Correlates and predictors of loneliness in older adults: A review of quantitative results informed by qualitative insights. Int Psychogeriatrics, 28, 557–576.

[34] Scharf, T. et.al., (2005). Social exclusion of older people in deprived urban communities of England. European Journal of Ageing, 2, 76-87. https://doi.org/10.1007/s10433-005-0025-6.

[35] Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: A scoping review. Health & Social Care in the Community, 25, 799–812. http://doi.org/10.1111/hsc.12311; Holt-Lunstad, J., et.al. (2017). Advancing social connection as a public health priority in the United States. Am Psychologist, 72, 517–530. http://doi.org/10.1037/amp0000103.

[36] Gabriel, Z., & Bowling, A. (2004). Quality of life from the perspective of older people. Ageing & Society, 24, 675–691. http://doi.org/10.1017/S0144686X03001582.

[37] http://www.stuff.co.nz/auckland/local-news/eastern-courier/85220341/eightyyear-gap-not-a-problem-for-new-friendships; https://www.tvNew Zealand.co.nz/one-news/new-zealand/good-sorts-ayn-harris-helps-teach-joy-writing.

OLDER PEOPLE AND SOCIETY

67 As set out above, the vision of New Zealand Government strategies[38] that older New Zealanders lead lives that are valued, connected, and fulfilling, speaks to the concept of 'ageing in place' – supporting people to live in their own home or community for as long as possible.[39]

Place is important to identity and wellbeing

68 As people age, the place that they live in, their neighbourhood and their house, becomes increasingly central to their wellbeing. A sense of belonging or attachment to place helps to maintain a sense of identity and facilitate successful adjustments in old age. Being in a familiar environment enhances feelings of accomplishment, control, and self-efficacy.

69 The New Zealand Government's 'Ageing in Place'[40] policy encourages community living with support.

70 The image people have of their community is multidimensional, with characteristics relating to how the community functions as well as its psychological impact on residents. Common attributes are the physical appearance of the community, community services (local government, services, transportation, job opportunities), the social environment, entertainment, and shopping.[41] Often a community will serve different functions for different community members.

71 But home is only a good place to age if high quality, well-resourced health and care services are available there.[42] Receiving care at home is a cost-effective alternative to ARC. A supportive town infrastructure and accessible social relationships are also necessary.

72 The more positive the image people have of the immediate space they live in, the more positive they feel about their wider community. In turn, life satisfaction is higher. Attachment to place mediates this 'place image' and a person's life satisfaction.[43] That is, attributes that fulfil functional and emotional goals lead to satisfaction with basic needs such as belonging, self-esteem, meaning, and sense of control. This leads to functional and emotional attachment to the place and builds personal resources.

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[38] Office for Seniors, *Better Later Life He Oranga Kaumātua 2019 to 2034: A strategy for making the future better for New Zealanders as we age.* 2019: Wellington, New Zealand; Minister of Health, *Healthy Ageing Strategy*. 2016: Wellington New Zealand.

[39] Ministry of Health (2002) Health of Older People Strategy: Health Sector Action to 2010 to Support Positive Ageing, Ministry of Health, Wellington.

[40] Ageing in Place refers to growing older in a place you call 'home'; that is, both the house and the community.

[41] Stylidis, D.; Sit, K.J.; Biran, 2016; Zhang & Li, 2022.

[42] Wiles (2011) Resilient ageing in place: Project recommendations and report.

[43] Zhang and Li, 2022.

Subjective wellbeing improves and contributes to better physical and mental health, work efficiency, and social relationships.

73 In effect, older people have chosen their 'place' for certain reasons. Older people hold dear symbolic (e.g., pride or familiarity), physical (location or convenience of the house), and social (i.e., proximity to family or involvement in neighbourhood) features of their neighbourhood and these things might make it hard to move.

74 When deciding to shift house in later life, the main options include moving to a smaller home, moving in with family, shifting to a retirement village or into ARC. It is my view that no matter the destination, changing residence may be one of the most stressful life events. Downsizing is even more stressful as decisions must be made about what to do with years of belongings that will not go into a new home.

75 Retirement villages are a 'place' people want to move to and have the attributes they want. To be sited in familiar neighborhoods and near familiar amenities will enhance wellbeing during downsizing.

Contributions of older people

76 Older people make essential contributions to their families, (for example childcare), community activities (e.g., volunteering), the workforce and society in general.

77 Maximising independence means that these contributions, essential to the smooth running of society, are possible for longer.

78 The economic potential of the older age groups is substantial and is underestimated.[44] The potential of the grey economy to benefit society and economic development will be enhanced with appropriate living and care arrangements.

ADRESSING FUNCTIONAL AND COGNITIVE IMPAIRMENT

79 Councils have a key role in supporting successful ageing by ensuring that places and spaces, housing, and amenities support independence and wellbeing. Enabling ageing in place and age friendly environments are key aspects of their contribution to ageing well.

The role of housing

80 Houses provide privacy, space, and shelter from the elements, moisture, and pollutants. Generally speaking, they should be a comfortable temperature, have adequate ventilation, sanitation, and illumination, and use safe fuel and electricity.[45] In contrast, poor

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[44] *The Future of workforce supply. Report to Business New Zealand, 2023.*

[45] WHO Housing and Health Guidelines. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO Recommendation 7.1.

housing conditions are one of the mechanisms through which social and environmental inequality translate into health inequality, which affects quality of life and well-being.

81 Ninety percent of our time is spent within the built environment and older people spend more time inside their homes than others. As a result they are exposed for longer to poor housing conditions.

82 WELL Building standards measure, certify, and monitor features of the built environment that impact human health and well-being, through air, water, nourishment, light, fitness, comfort, and mind.[46] Warm dry homes are well studied as promoters of health, and resulted in national and regional initiatives and regulation for all housing in New Zealand.[47]

83 Although having low penetrance in New Zealand retirement villages (2,682 Lifemark houses to data), Lifemark and other development leaders are engaged by the retirement village industry. Lifemark[48] emphasises accessibility, ageing in place, and provides a rating process to ensure design standards are observed.

84 Residents with sensory, functional or cognitive impairments living in accessible or usable home environments have better health, are better able to accomplish everyday tasks, less likely to fall, and have less fear of falling than residents with functional or cognitive impairments living in conventional or unmodified home environments. Perceived difficulties in performing ADLs/IADLs, including increased confidence in managing disability and increased safety with ADLs/IADLs, improved two months after home modifications for adults with impairments.[49,50]

85 This evidence led the World Health Organization (WHO) to make a strong recommendation that accessible housing actively be made available to those with physical disability. They stated: "*Based on current and projected national prevalence of populations with*

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[46] WELL Building Standards 2014, 2016, International WELL Building Institute. Delos Living LLC, New York.

[47] Standards to make homes warm and dry; Housing and Urban Development, Twyford, Beehive release Feb 2019.

[48] Lifemark Design Standards. www.lifemark.co.nz.

[49] Petersson I et.al. Impact of home modification services on ability in everyday life for people ageing with disabilities. J Rehab Med. 2008; 40(4):253–60; Petersson I, et al. Longitudinal changes in everyday life after home modifications for people aging with disabilities. Scand J Occ Ther. 2009;16(2):78–87.; Gitlin LN, et al Effect of an in-home occupational and physical therapy intervention on reducing mortality in functionally vulnerable older people: preliminary findings. J Amer Geriatr Soc. 2006; 54(6):950–5.

[50] Tongsiri S, et. al. Modifying homes for persons with physical disabilities in Thailand. Bulletin of the World Health Organization. 2017;95(2):140–5.; Slaug B, Chiatti C, Oswald F, Kaspar R, Schmidt SM. Improved housing accessibility for older People in Sweden and Germany: short term costs and long-term gains. Int J Environ Res & Publ Health. 2017;14(9).

functional impairments and taking into account trends of ageing, an adequate proportion of the housing stock should be accessible to people with functional impairments".[51]

Accessible and safe homes

86 There are many features that make accessibility easier for older people and those with mobility limitations, such as:

86.1 access to the house's front door and the door's keyhole;

86.2 wide doorways;

86.3 accessible light switches;

86.4 accessible shelving;

86.5 adequate lighting;

86.6 a level shower;

86.7 appropriate toilet height;

86.8 grab bars, and non-slip flooring; and

86.9 ramps and handrails can also be important for some.

87 Homes that enable people to move about easily inside and outside and reach items they use often are safe homes.

88 Those with early and moderate dementia are often living in their own homes with adaptations to make life easier. Changing the existing housing stock to be 'dementia-friendly' is possible, however people with dementia do not adapt well during renovation. It is more cost-efficient to build housing that includes key accessibility features than to retrofit.[52]

The role of the neighbourhood

89 The home environment is a healthier place if it connects easily to other spaces, for example, transport hubs, shopping and other amenities, and green space.

Transport and amenities

90 The level of impairment a person has affects their choice of transport - whether they own and drive their own car, use public transport, are ambulant and walk to where they need to go to, or are unable to walk and access local spaces via mobility scooters, or rely upon others to take them to distant appointments. Having

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[51] WHO Housing and health guidelines. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO Recommendation 7.1.

[52] Rashbrooke G, Economic effects of utilizing Lifemark at a national level. Wellington: Ministry of Social Development; 2009.

accessible transport options going to services that people use regularly (such as healthcare, grocery and discretionary shopping, banking, entertainment, and libraries), or siting services on-site or near-by serves the increasing numbers of households that include people with physical limitations.

91 Creating communities where residences are close to stores and essential services, where sidewalks or paths between destinations are well connected, safe, and attractive, and neighbourhood blocks are shorter and have more intersections increases physical activity.[53]

Green space

92 The open green spaces available nearby are part of the aspects of urban and residential environments essential to wellbeing. Older adults are also more active when they can opportunistically access green space rather than when physical activities are organised by others and sited in the outdoors.

93 The majority of New Zealand adults (66.5%) said it was very easy to get to their nearest park or green space; 59.6% felt safe when walking alone in their neighbourhood after dark, and 72% participated in active recreation or sport every week.[54] In that study, far fewer disabled and older people reported access to green spaces.

94 Walkable space should have no hazards or obstructions and have easily visible road signs and street lighting to help with wayfinding. Appropriate seating, shade, shelter, and reduced glare to allow for rest breaks are needed for recreation. Physical space needs to be accessible by those with mobility or sensory conditions as well as able-bodied users. That means pathways wide enough for mobility scooters.

95 Poor physical environments are associated with increased feelings of insecurity and decreased perceptions of safety.

The neighbourhood and social connections

96 Social connection is the result of a complex interaction between people and environment. The built environment, including the accessibility, form, and function of housing and social spaces impacts the likelihood and success of social contact and influences wellbeing and quality of life.[55]

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[53] Berrigan, Pickle and Dill, 2010; Heath et al, 2006; McCormack and Shiell, 2011; Saelens and Handy, 2008; Schulz et al, 2013; The Guide to Community Preventive Services, 2014.

[54] *Te Tai Wairoa – Wellbeing in Aotearoa New Zealand 2022.*

[55] Engelen, L. Design for healthy ageing–the relationship between design, well-being, and quality of life: a review. Building Research & Information 2022, VOL. 50, NOS. 1–2, 19–35 https://doi.org/10.1080/09613218.2021.1984867.

97 Place-based resources in urban environments include enjoyable and immersive cultural and activity-based pursuits, access to good quality food and other forms of retail, reliable social support from others around as well as wider forms of social capital, sense of belonging to and meaningful involvement with your neighbourhood and community.

98 Social cohesion predicts total physical activity and community-based activity even better than walkability.[56] A higher proportion of older adults in a neighbourhood promotes other older people to be physically and socially active, making retirement villages ideal for activity promotion.

99 Specific design of facilities for those with disabilities can encourage or constrain social contact and engagement. Housing orientation, construction, and orientation of social spaces within shared areas and between housing units facilitates socialisation. Additionally, specific design of facilities to accommodate those with mild dementia results in preservation of quality of life and wellbeing despite worsening cognitive function.[57]

100 Life satisfaction is higher when residents have the opportunity to contribute to the design of the spaces they inhabit, and they engage in more social participation. Less accessible housing design is significantly associated with less participation and autonomy for residents.[58]

The role of retirement villages

101 Retirement village living is living 'at home' and is situated in the community living category for census and regional bodies purposes.

102 When thinking about moving to a village, older people are often pragmatic and base their decision upon their lifestyle preference and forecast need. The Ageing Well National Science Challenge found that downsizing was the most common reason for moving to a retirement village (77%), followed by the expectation of a less stressful lifestyle (63%) and anticipated better access to healthcare assistance (61%).[59]

103 The 2021 Retirement Village Association market research found that the three most important factors that had affected residents' decisions to move to the village were 'security and safety' (88% important), 'peace of mind' (87% important) and 'hassle-free lifestyle' (86% important). Similar proportions of residents reported

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[56] Zealandia – Shanahan 2020.

[57] Springate, B. A., et.al. Effects of an Assisted Living Facility Specifically Designed for Individuals with Memory Disorders: A Pilot Study. 2014 J Housing Elderly 28 (4): Pages 399-409.

[58] Norin L, et.al. Housing accessibility and its associations with participation among older adults living with long-standing spinal cord injury. Journal of Spinal Cord Medicine. 2017;5(4).

[59] Broad et al 2019.

confidence that these factors were delivered by the village they moved to.

104 Retirement villages offer purpose-built accommodation, a variety of types of accommodation, accessible housing, and pleasant and safe surroundings for older New Zealanders, particularly those who live alone.

105 The placement of retirement villages is crucial to their ability to provide connection, amenities (internal and external to the village) and opportunities for activity and social integration.

106 In my experience, retirement villages make safe, warm, and well-ventilated housing a priority. Retirement village homes in particular use electric rather than gas-flued heaters or open fires, have installed floor length curtains, and under-floor and ceiling insulation, and have well-sealed windows and kitchen and bathroom extractor fans to help stop dampness. All these features are recommended by healthy homes standards.

107 Retirement villages also often provide access to green spaces in their design, and local urban parks within the city infrastructure can enhance this further.

108 Retirement village layout has the potential to promote physical activity through environmental design. WELL Building Standards are available to design teams for retirement villages and are adapted to the New Zealand context.

109 Retirement villages support falls prevention initiatives through environmental and home design, facilitation of physical activity and accessibility to local falls prevention initiatives.

110 Retirement villages deliver an appropriate environment, accommodation and care across the dementia spectrum for older New Zealanders. As retirement villages are promoted for their simplicity of lifestyle and decision-making and ready access to health-services support, more people with mild to moderate dementia are likely to choose retirement village living in the future. Some residents will develop dementia during their residency. Purpose-built hospital dementia units cater for people at the severest end of dementia, and these are planned and being constructed in many retirement villages.

111 Surveys of retirement village residents report high levels of satisfaction with their homes.[60]

112 Although not noted as reasons to move, 'Companionship' and 'Social activities' were seen as available in the villages. Retirement villages

[60] Residents Vulnerability Survey, Retirement Villages Association Sept 2021, acknowledging that less than 10% of available residents responded to the most recent survey.

are well placed to provide social opportunities to combat loneliness and facilitate social contact. They provide opportunities for structured social events, e.g., gatherings at communal spaces, small group activities, and development of social connections through meeting new people.

113 Surveys of retirement village residents show high levels of satisfaction with less than 10% reporting being lonely.[61] Different sources of information provide different findings about loneliness.

114 That said, I acknowledge that even when older people choose to live in retirement environments constructed to facilitate social connections, loneliness can still occur. About a third of a volunteer sample of retirement village residents recruited to a New Zealand trial reported feeling lonely sometimes, often, or always,[62] similar to other populations of older people living in the community.[63] In my view this reflects the fact that loneliness is common in older people.

115 Retirement villages, like DFC, offer opportunities for all people, including those with dementia, to interact with others. Such as providing public and private transport options, access to public and private spaces, accessible communal facilities, and schedules that offer a variety of social and physical activities so that people can choose to do what they enjoy the most

116 Retirement accommodation placed in the neighbourhood known well to residents will maintain their sense of place and familiarity, existing social connections, and wellbeing. It is my view that retirement villages should be placed in residential neighbourhoods to enable existing connections and familiar activities to be maintained for those moving in.

CONCLUSION

117 Population ageing and an increase in longevity means a substantial increase in people reaching retirement age in the future.

118 Conditions normally associated with ageing are affecting people later in their lives and contribute to their needs through a longer retirement phase. But people are also continuing to lead productive lives that include paid and unpaid work and contributions to their communities.

119 Ageing research shows that many older people want to stay active and remain living in the neighbourhoods where they have built friendships and social support, utilise services and are familiar with

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[61] Residents Vulnerability Survey, Retirement Villages Association Sept 2021.

[62] Boyd, M. et al. Lonely in a crowd: loneliness in New Zealand retirement village residents. International Psychogeriatrics 2021 May;33(5):481-493.

[63] Golden, J. et al. Loneliness, social support networks, mood and wellbeing in community-dwelling elderly Geriatric Psych 2009; 24 (7) doi/10.1002/gps.2181.

and enjoy the physical offerings. In my view, it is imperative that national and local agencies promote, support, and facilitate healthy ageing policies to enable these needs to be met.

120 Retirement villages provide a feasible and ongoing solution for those who are able to choose them. In addition, the care homes they have are essential to maintaining an efficient health system and these also need to be in an accessible location for communities to support those with disabilities. I encourage easing barriers to expansion of retirement villages and allowing flexibility in where they are placed and the opportunities that they offer.

Dr Ngaire Margaret Kerse
10 March 2023